

## South Africa plans to make AIDS a notifiable disease

Pat Sidley, *Johannesburg*

The South African government has signalled its intention to make AIDS a notifiable disease. This will mean that cases of AIDS will have to be reported to the authorities by doctors diagnosing the condition. Names will not be supplied to the authorities, but close relatives and caregivers will be informed.

The decision was taken at a recent meeting of health ministers, all of whom agreed on the need for the measure in South Africa and its neighbouring countries. The government's intention was published in a notice giving 90 days for comment, but the department of health has already stated that it is unlikely to change the recommendation. The South African health department said that one reason for the measure is that

there is currently no accurate national information on the numbers of people with AIDS. The information is needed for planning, resource allocation, and determining how many people may need admission to hospital the department argued.

The health department said that making AIDS a notifiable disease is supported by public opinion, with the 1998 demographic and health survey showing that 69% of South Africans agreed that AIDS should be reported to the health authorities. However, there is currently no intention of making HIV infection notifiable.

The proposal was greeted with dismay by South African non-governmental organisations working in HIV/AIDS. They have criticised the reasons



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Cases of AIDS in South Africa may have to be reported

given for making AIDS a notifiable condition, arguing that fairly reliable statistical information is already available from routine HIV testing in antenatal facilities. Data from these clinics have suggested an alarming increase in HIV, with around 1800 new infections occurring daily in South Africa.

Organisations working with

AIDS patients said that to be identified may endanger the lives of people with AIDS. Earlier this year, a young AIDS worker in KwaZulu-Natal was killed because she had openly admitted that she had AIDS. The organisations have also questioned the reliability of diagnoses of AIDS in rural areas where there are few laboratory facilities. □

## Doctor in India arrested over irregularities trial of vaccine

Ganapati Mudur, *New Delhi*

Indian police have arrested a doctor in Bombay and charged him with arranging clandestine trials of an unapproved vaccine on people in the city who are infected with HIV. The police have charged Dr Ishwar Gilada, founder-director of a non-governmental agency working with HIV patients, of "providing misleading information to patients" and "causing death from negligence."

The alleged trial included giving a vaccine based on a strain of bovine immunodeficiency virus (BIV), to ten Bombay residents with HIV infection in 1994. Police began investigating the case last year after the Bombay High Court ordered an inquiry, responding to a petition filed by a vaccine recipient (who subsequently died) and his sister.

"Experiments were conducted under the guise of treatment," alleged investigating officer Dhanraj Vanjari. "The doctors

may have obtained consent, but the patients were under the impression that they were receiving treatment, not an untested, unapproved vaccine," he said.

Dr Gilada has denied the allegations. His lawyers said that he had disassociated himself from the vaccine trials before any patients received injections. Dr Gilada's lawyers also claimed that the death of the vaccine recipient was a consequence of the HIV infection and not the vaccine.

The so called trials have evoked widespread criticism, with medical researchers dubbing them unethical and accusing India's drug and vaccine regulatory agencies of laxity in failing to take control of the problem.

With an estimated 5 million people infected with HIV, India is considered an attractive site for testing candidate vaccines. However, the Indian government has refused to allow vaccine trials, citing poor knowledge of the genetics of HIV strains in India. "Any candidate vaccine developed abroad must have passed phase I safety trials there," said Manju Sharma, India's biotechnology secretary. "We also need hard evidence that a vaccine has relevance to India before we can consider trials here." □

## Spain to review role of pharmacists in chronic disease management

Xavier Bosch, *Barcelona*

The General Assembly of Spain's Organisation of Medical Colleges (OMC) has set up an expert commission to investigate recent allegations of pharmacists "meddling" with doctors' tasks. Recommendations from the commission, which will include a review of the competences of both professions, will be passed on to the health ministry for further action.

The problems stem from an authorisation by Spain's national health service (Insalud), enabling pharmacies to follow up the treatment of some common diseases, particularly hypertension. The initiative started last year as an experimental study in Madrid. If the pilot study proves successful, Insalud is likely to extend the strategy to other regions. Insalud is also studying the possibility that pharmacists may be able to follow up the treatment of patients with other chronic diseases, including diabetes, asthma, and renal diseases.

The move to greater partici-

pation of pharmacies in the management of chronic diseases is being opposed by doctors' organisations. Ignacio Sánchez-Nicolay, the president of the Organisation of Medical Colleges, said: "We are prepared to battle for healthcare quality." He argued: "The law makes doctors responsible for the diagnosis, treatment, and follow up of any patient. So, while a patient is under treatment, the doctor is absolutely responsible for his or her health. This must be respected by other professionals and the health administration."

He pointed out what may happen if the Ministry of Health does not change the situation: "The possibility remains that we [the OMC] will contest in court the agreements between Insalud and pharmacists." The OMC said that Insalud's attempts to include other professions in patient management is a result of the increasing pressure of long waiting lists in Spain. □